

Text of George E. Boyajian's comments before the  
White House Conference on Aging, March 12, 2005  
Philadelphia, Pennsylvania

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Thank you Chairman Hardy and Members of the Committee.

Good morning, my name is George Boyajian, I am executive vice president of strategy, research, and development for Living Independently Group, the maker of the QuietCare system. With me today are Sandra Elliot, director of aging and senior services for Meridian Health in New Jersey and Gail Inderweis, executive director of Keystone Hospice and vice president of Keystone healthcare in Philadelphia. Both of these healthcare professionals lead their respective organizations in the testing and adoption of new technologies. They have both recently tested and adopted the QuietCare Home Health Security System.

We are here today to propose solutions on how new technologies can be more rapidly used in the marketplace through the actions of governments. We could spend hours on this subject, but we have prioritized our list to three solutions; those that can be easily implemented and that would have an immediate and lasting effect.

Our first solution is to make the approval of new eldercare technologies for faster and more efficient in Medicaid and Medicare, which I will speak to.

The second solution is to have demonstration projects of new technologies pay for the technology itself, so that more rapid and efficient evaluation can occur, which will be discussed by Sandra Elliot.

The third solution is to support technology use in urban areas in equal or larger amounts than what occurs in rural areas, which will be discussed by Gail Inderweis.

I would like to make two points to start:

1. The majority of eldercare technologies are invented and developed by the private sector.
2. A large proportion of these technologies come from small business.

To be approved for Medicaid reimbursement technologies must pass two primary hurdles for each and every state:

1. The technology must work, that is, it must do what it says it does.
2. The technology must be cost neutral or provide cost savings.

Small companies bear an enormous cost to work with each individual state to overcome these hurdles, when in fact the vast majority of the work and approval process is redundant among states.

While each state has its unique individual rules, groups of states share common philosophies and methods of assessing the economics of implementing new technologies. Similarly all states share the same basic definition of whether or not a technology acts as advertised.

To solve this burdensome, slow, and costly problem, we propose that states form consortia to pool their expertise and economic assessments in the evaluation of new technologies. In such cases, when one state conducted an economic assessment and approved the new technology, it would be immediately and reciprocally be recognized by other states in the consortium. Similarly if one state in a consortium approved the technological aspects of a new product or service, it too would be approved by other states.

This model has been successfully used for more than a decade in federal and state approvals of Superfund cleanup technologies. Each new technology used to be subjected to costly and time consuming approvals by individual states for each Superfund site. These efforts were nearly completely redundant. The largest Superfund states decided amongst themselves that rather than duplicate the effort they would cooperate, with each state becoming an expert in a specific class of technologies. For instance, scientists for California developed expertise in cleanup technologies for solvents, while regulators in New Jersey were the experts in cleanup technologies for sediments. Thus, when each of those states approved technologies after exhaustive testing, the other states in the consortium leveraged their expertise and approved the technologies to cleanup Superfund sites in their states. By this method, new technologies were implemented more quickly, sites were cleansed more quickly, communities were cleaner, and government operated more efficiently and quickly.

By having states share the approval process burden and develop reciprocity agreements for new technologies, elders, their families, businesses and government would more rapidly and cost efficiently reap the benefits.

As an another solution we would encourage CMS and Medicaid to expand programs that provide caregivers and elders the access to data that help them make wiser and more cost effective decisions. CMS provides a wealth of information through the Personal Care Finder, Medigap Compare, Nursing Home Compare and a host of other services. But little if any support is given to provide families with access to health information about their elders on a day-to-day basis. QuietCare and similar services provide specific actionable information to caregivers about the health of their loved ones on an hour-by-hour basis, that helps to avoid traumatic and costly medical emergencies. By extending the information chain to families and extending the definition of treatment to include the technology-mediated gathering of actionable data, CMS and Medicaid can help families and themselves, reduce the cost and difficulties faced by elders and their families.

\* These comments benefited greatly from the input of David Stern, Chief Professional Officer, Living Independently Group, Inc.